

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3000 RIVERCHASE GALLERIA

SUITE 500

☐Check if different  
than previously  
reported. (ACC)

BIRMINGHAM

AL

35244

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00440743

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

1 1

0 2

2 0 1 0

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard L. Sharff, Jr.

Signature of Treasurer

Electronically Filed by Richard L. Sharff, Jr.

Date

1 0

2 0

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 14

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	27846.94
(b) Cash on Hand at Beginning of Reporting Period .....	20099.87	
(c) Total Receipts (from Line 19) .....	1121.50	29474.43
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	21221.37	57321.37
7. Total Disbursements (from Line 31) .....	2000.00	38100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19221.37	19221.37
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 14

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	897.50	23266.00
(ii) Unitemized .....	224.00	6175.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1121.50	29441.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1121.50	29441.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	33.43
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1121.50	29474.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1121.50	29474.43

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	38100.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2000.00	38100.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	38100.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1121.50	29441.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1121.50	29441.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Melanie R. Boles

Mailing Address 108 Financial Drive

City

Lexington

State

KY

Zip Code

42701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4718

Amount of Each Receipt this Period

20.00

Payroll deduction - \$20  
bi-weekly

**B.**

Full Name (Last, First, Middle Initial)

Richard T. Brisson

Mailing Address 2690 Lake Park Drive

City

North Charleston

State

SC

Zip Code

29406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4719

Amount of Each Receipt this Period

15.00

Payroll deduction - \$15  
bi-weekly

**C.**

Full Name (Last, First, Middle Initial)

Sandra K. Bunch

Mailing Address 2890 Dauphin Street

City

Mobile

State

AL

Zip Code

36606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4720

Amount of Each Receipt this Period

25.00

Payroll deduction - \$25  
bi-weekly

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Vicki Burns

Mailing Address 4005 Dupont Circle

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4721

Amount of Each Receipt this Period

19.00

Payroll deduction - \$19  
bi-weekly

**B.**

Full Name (Last, First, Middle Initial)

Kelli Collins

Mailing Address 3812 N. Elm Street

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4723

Amount of Each Receipt this Period

19.00

Payroll deduction - \$19  
bi-weekly

**C.**

Full Name (Last, First, Middle Initial)

Ann L. Dugan

Mailing Address 1526 Atwood Avenue  
Suite 300

City

Johnson

State

RI

Zip Code

02919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4725

Amount of Each Receipt this Period

25.00

Payroll deduction - \$25  
bi-weekly

**SUBTOTAL** of Receipts This Page (optional) .....

63.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Viva Elia

Mailing Address 2714 W. Canyon Avenue

City

San Diego

State

CA

Zip Code

92123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation

VP - Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4726

Amount of Each Receipt this Period

77.00

Payroll deduction - \$77  
bi-weekly

**B.**

Full Name (Last, First, Middle Initial)

Steve Hutkai

Mailing Address 3000 Riverchase Galleria  
Suite 500

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4731

Amount of Each Receipt this Period

19.00

Payroll deduction - \$19  
bi-weekly

**C.**

Full Name (Last, First, Middle Initial)

Karl B. Klungreseter

Mailing Address 550 S. Beretainer Street  
Suite 700

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4733

Amount of Each Receipt this Period

19.00

Payroll deduction - \$19  
bi-weekly

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Richard T. Lewis

Mailing Address 3123 Professional Drive

City

Auburn

State

CA

Zip Code

95603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4736

Amount of Each Receipt this Period

25.00

Payroll deduction - \$25  
bi-weekly

**B.**

Full Name (Last, First, Middle Initial)

James C. Llewellyn

Mailing Address 3000 Riverchase Galleria, Ste 500

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4737

Amount of Each Receipt this Period

77.00

Payroll deduction - \$77  
bi-weekly

**C.**

Full Name (Last, First, Middle Initial)

Kristine Lowther

Mailing Address 2040 Harvest Drive

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation

VP - Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4739

Amount of Each Receipt this Period

25.00

Payroll deduction - \$25  
bi-weekly

**SUBTOTAL** of Receipts This Page (optional) .....

127.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Brian Mathis

Mailing Address 3000 Riverchase Galleria  
Suite 500

City State Zip Code  
Birmingham AL 35244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation  
VP Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4740

Amount of Each Receipt this Period

25.00

Payroll deduction - \$25  
bi-weekly

**B.**

Full Name (Last, First, Middle Initial)

Bryan Olson

Mailing Address 1500 Greystone Parc Circle

City State Zip Code  
Birmingham AL 35242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4741

Amount of Each Receipt this Period

25.00

Payroll deduction - \$25  
bi-weekly

**C.**

Full Name (Last, First, Middle Initial)

Diane A. Phelps

Mailing Address 614 E. Chestnut Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4742

Amount of Each Receipt this Period

20.00

Payroll deduction - \$20  
bi-weekly

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Holly C. Ramey

Mailing Address 1400 McFarland Blvd., N.

City

Tuscaloosa

State

AL

Zip Code

35406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation  
Region VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

**Transaction ID: SA11AI.4743**

Amount of Each Receipt this Period

50.00

Payroll deduction - \$50  
bi-weekly

**B.**

Full Name (Last, First, Middle Initial)

Michael A. Rucker

Mailing Address 4800 Hampton Lane

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

**Transaction ID: SA11AI.4747**

Amount of Each Receipt this Period

195.00

Payroll deduction - \$195  
bi-weekly

**C.**

Full Name (Last, First, Middle Initial)

Gwenyth L. Schmitz

Mailing Address 20998 Redwood Road

City

Castro Valley

State

CA

Zip Code

04546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

**Transaction ID: SA11AI.4750**

Amount of Each Receipt this Period

15.00

Payroll deduction - \$15  
bi-weekly

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Richard L. Sharff, Jr.

Mailing Address 3000 Riverchase Galleria  
Suite 500

City State Zip Code  
Birmingham AL 35244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation  
EVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4751

Amount of Each Receipt this Period

125.00

Payroll deduction - \$125  
bi-weekly

**B.**

Full Name (Last, First, Middle Initial)

Derald W. Smith

Mailing Address 5328 Didesse Drive

City State Zip Code  
Baton Rouge LA 70808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4752

Amount of Each Receipt this Period

12.50

Payroll deduction - \$12.50  
bi-weekly

**C.**

Full Name (Last, First, Middle Initial)

Francis G. Socash

Mailing Address 2259 Foxboro Lane

City State Zip Code  
Naperville IL 60564

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Care Affiliates

Occupation  
VP - Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4753

Amount of Each Receipt this Period

50.00

Payroll deduction - \$50  
bi-weekly

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Susan Sorg

Mailing Address 330 N Madison Street

City

Joliette

State

IL

Zip Code

60435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.4754

Amount of Each Receipt this Period

15.00

Payroll deduction - \$15  
bi-weekly

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

897.50

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN ROAD

City  
OREFIELD

State  
PA

Zip Code  
18069

Purpose of Disbursement  
Political contribution

011

Category/  
Type

Candidate Name  
PATRICK J TOOMEY

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: SB23.4715

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address PO Box 1007

City  
Willows

State  
CA

Zip Code  
95988

Purpose of Disbursement  
Political contribution

011

Category/  
Type

Candidate Name  
WALLY HERGER

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: SB23.4713

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

2000.00